## 280397

## **FEC FORM 2** STATEMENT OF CANDIDACY

FEC MAIL CENTER

1. (a) Name of Candidate (in full)			2002 HM C	•••
· · ·	Dina Title	· · · · · · · · · · · · · · · · · · ·	2008 JUN -9	AM 8: 12
(b) Address (number and street)	☐ Check if address changed		2. Identification Number	
1637 Travois	Cicle		COCHECE	17
(c) City, State, and ZIP Code	90110		3. Is This Ne Statement (N)	
Las Vegas, NV 4. Party Affiliation 15	S9119 . Office Sought	6. State & Distr	rict of Candidate	
Dem.	publicate House	NV-0	_	
	GIGNATION OF PRINCIPAL	<del></del>	<del></del>	<del></del>
7. I hereby designate the following named political committee as my Principal Campaign Committee for theelection(s).				
(year of election)				
NOTE: This designation should be filed with the appropriate office listed in the instructions.				
(a) Name of Committee (in full)				
·				
(b) Address (number and street)	<del></del>	<del></del>	<del></del>	<del></del>
(b) Address (number and sheet)				
				•
(c) City, State, and ZIP Code				
:				•
DESIGNATION OF OTHER AUTHORIZED COMMITTEES				
•	(Including Joint Fundraising	g Representative	es)	
8. I hereby authorize the following name	d committee, which is NOT my principa	al campaign com	nmittee, to receive and exp	end funds on behalf of my
candidacy.	• •	•		
NOTE: This designation should be filed with the principal campaign committee.				
(a) Name of Committee (in full)				
(b) Address (number and street)  430 South Copital Street, 39				
(b) Address (number and street)				
42A Seal	0-110	٠ مـــ	~/	
(c) City, State, and ZIP Code				
Lashing ton DC 2003				
<u>Washing</u>	so D.C. 200			
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)				
9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by				
	9A		for the primary election,	and
	and the state of t	A 100 M	ior allo primary diodadii,	
	9B	": ·: .: .: "	for the general election.	
	7	· · · · ·	<b>J</b>	
If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.				
I certify that I have exam	ined this Statement and to the best of I	my knowledge a	nd belief it is true, correct a	and complete.
Signature of Candidate			Date	
X			6/2/	SK
DMa /Ca	×		0/2/	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.				
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FE3AN039,PDF				FEC FORM 2 (REV. 02/2003)
				. L VILAI & (I/E 4. UA/2003)